



Aboriginal and Torres Strait
Islander Health Practice
Chinese Medicine
Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery
Occupational Therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Response template for providing feedback to public consultation – draft proposed professional capabilities for Aboriginal and Torres Strait Islander health practice

This response template is an optional way to provide your response to the public consultation paper for the **Draft proposed professional capabilities for Aboriginal and Torres Strait Islander health practice**. Please provide your responses to any of the questions in the corresponding text boxes; you do not need to answer every question if you have no comment.

Making a submission

Please complete this response template and send to accreditationstandards.review@ahpra.gov.au, using the subject line *'Feedback on draft proposed professional capabilities for Aboriginal and Torres Strait Islander health practice.'*

Submissions are due by COB on Monday 9 September 2019 (extension granted to the Australian Digital Health Agency to submit by 23 September 2019).

Stakeholder details

Please provide your details in the following table:

Name:	██████████ Chief Clinical Information Officer & General Manager, Workforce and Education – Clinical Advisory, Safety & Quality Division
Organisation Name:	Australian Digital Health Agency

Your responses to the public consultation questions

1. Does any content need to be added to the draft professional capabilities?

Aboriginal and Torres Strait Islander health practitioners are at the forefront of the delivery of health care services particularly in regional, rural and remote parts of Australia. As digital health tools and technologies become more readily available and embedded in day-to-day practice, it will be critical for these practitioners to be fully conversant with digital health solutions to improve the patient experience and to save lives.

Information and communication technology (ICT) is an important factor in quality, safety, access, equity and efficiency in healthcare. Current approaches and future directions in digital health and the use of ICT in Aboriginal and Torres Strait Islander healthcare settings and healthcare generally, as well as key concepts and tools, form the underlying discipline of health informatics.

The professional capabilities should contemplate an overview of digital health and the influence of ICTs in clinical care and improved continuance of care, as well as in clinical research, population and preventative health and healthcare system planning, and would be strengthened by the inclusion of:

- Digital literacy skills required by health practitioners to confidently utilise existing and emerging digital tools and technologies. This could include but not be limited to:
 - Related privacy, security and legislative requirements and obligations;
 - The socio-technical environment and how it relates to the implementation of digital health tools and technologies, including the importance of good governance, change management and executive sponsorship;
 - Health data concepts and terminology, including the importance of data quality; and
 - Basic data analysis.
- Digitally enabled models of care that improve accessibility, quality, safety, equity and efficiency.

2. Does any content need to be amended or removed from the draft professional capabilities?

The Draft professional capabilities can be strengthened by the addition of the following Enabling components.

Domain 1: Aboriginal and Torres Strait Islander health practitioner

4. Collect and use clinical information appropriately.

(g) Understand and apply digital health privacy, use of data and systems security requirements.

(h) Understand and apply the ethical collection and use of data in a culturally appropriate and sensitive way.

(i) Confidently utilise clinical information systems and associated tools and technologies to access, capture and securely share patient health records.

(j) Recognise patients who are vulnerable and at risk and require additional privacy and security considerations to protect their digital health data such as for families experiencing domestic violence or consumers with sensitive health conditions.

Domain 2: Professional and ethical practitioner

1. Practise in an ethical and professional manner, consistent with relevant legislative and regulatory requirements.

(i) Apply and understand online security principles, including compliance with legal and professional obligations to ensure health care consumers have their privacy protected and their sensitive information kept secure.

5. Seek opportunities to progress the profession.

(c) Be proactive in gaining an understanding and implementation of new and emerging digital health tools and technologies.

Domain 3: Communicator and collaborator

2. Collaborate with other health practitioners.

(h) Be able to understand, communicate and collaborate with patients and other health professionals using digital tools and technologies to enhance clinical care and improve continuance of care, e.g. via telehealth services, My Health Record, Pharmaceutical Shared Medicines List, secure messaging and virtual reality.

Domain 4: Lifelong learner

2. Identify ongoing professional learning needs and opportunities.

f. Use and embrace the changes and opportunities created by digital health innovation.

g. Understand the importance of the learning healthcare system.

4. Maintain and enhance digital literacy and currency

a. Build and apply foundational digital literacy and numeracy skills.

Domain 5: Quality and risk manager

3. Implement quality assurance processes throughout the patient/client journey.

e. Develop change management strategies for the implementation of digital health technologies.

4. Is the language clear and appropriate? Are there any potential unintended consequences of the current wording?

Not that I am aware of.

5. Are there jurisdiction-specific impacts for practitioners, or governments or other stakeholders that the Accreditation Committee should be aware of, if these professional capabilities are adopted?

While all states and territories have prioritised digital health as key to improving service delivery and health outcomes, as have many healthcare providers, there are a number of factors that are jurisdiction and/or segment-specific, and these include, but are not limited to:

- Degree of digital maturity, i.e. some jurisdictions are further progressed with the implementation of digital tools and technologies, including:
 - the implementation of electronic medical records in the hospital and community sectors (EMRs);
 - the development and implementation of state-based viewing platforms which allow the workforce to view patient information across local health district and health service boundaries, and which can provide access to the national electronic health record, 'My Health Record'; and
 - the degree of digital maturity relative to the different segments of the workforce in health, i.e. the adoption and use of digital tools and technologies (e.g. clinical information systems) in general practice, community pharmacy, hospitals and health services including the community health sector, pathology and diagnostic imaging providers, allied health, the specialist sector (e.g. Oncologists, mental health including Psychiatrists and Psychologists, Respiratory Physicians, Anaesthetists, Surgeons, etc.).
- Degree of technical infrastructure capability, i.e. some parts of rural and remote Australia have limited or no infrastructure to support access to digital tools and technologies.
- Degree and variance of digital maturity and literacy of consumers, including health literacy, equity and access, and the intersection of applicable social determinants of health (including income and social status, employment and working conditions, education and literacy, childhood experiences, physical environments, social supports and coping skills, healthy behaviours).

6. Are there implementation issues the Accreditation Committee should be aware of?

Information and communication technology is an important factor in quality, safety, equity, access and efficiency in healthcare. Accreditation should include an overview of digital health and the influence of Information and Communications Technologies (ICTs) in clinical care, as well as in clinical research, population and preventative health, data collection and analysis and healthcare system planning.

Digital health current approaches and future directions should be explored from the perspectives of health sciences, information science and technology, management sciences, and behavioural and social sciences- that is, within health informatics competency frameworks.

In addition to providing a clinically-oriented introductory subject in Health Informatics and Digital Health, any course should be suitable for single subject enrolment by practising Aboriginal and Torres Strait Islander health practitioners or students in any clinical health profession.

7. Do you have any other feedback or comments on the draft revised professional capabilities?

Aboriginal and Torres Strait Islander Health Practitioners with a Cert IV in Aboriginal and/or Torres Strait Islander Primary Health Care are one of the nominated healthcare providers who can create a shared health summary with the My Health Record. Other healthcare professions capable of this are Registered Medical Practitioners and Registered Nurses. The topic of Australia's National Digital Health Strategy and infrastructure including the My Health Record system, would be highly relevant for inclusion as a key digital health professional knowledge capability.

Additional topics should include electronic health records (EHRs); hospital and primary care and public health information systems; supporting clinical decision-making for health professionals through ICT; digital health in the community for preventive healthcare and for patient and carer support; regulatory influences on digital health including management and governance, privacy, security, and confidentiality; the role of data standards, and vocabularies in digital health. An awareness of Telehealth services, Electronic Prescribing and future digital health trends should also be developed.

Essential topics for inclusion in the curriculum:

1. Health system benefits including consumer benefits of digital tools and technologies;
2. Governance of digital tools and technologies, with a focus on safety and quality;
3. The socio-technical environment and its impact on the implementation and use of digital health tools and technologies;
4. Change management, implementation and the role of the executive sponsor and champion;
5. Technical components including hardware, software and networks for digital health;
6. Interoperability, including information integration; and
7. Future trends.

It should be noted that the Aboriginal and Torres Strait Islander community have been early adopters of digital tools and technologies, including electronic health records (e.g. 'My eHealth record'). See the following link for more information on the evaluation of the implementation of the My eHealth Record in the Northern Territory and South Australia:

https://www.digitalhealth.gov.au/about-the-agency/publications/presentations/myehr-to-national-ehealth-record-transition-impact-evaluation-phase-1-presentation/TIEPhase1_PublicPresentation.pdf

Furthermore, the Aboriginal Community Controlled Health Organisations (ACCHOs) were also early adopters of Electronic Health Records. There is an opportunity to build on this capability, with the learnings within these organisations to be shared in any future curriculum – especially for rural and remote health practice in Australia. (refer Attachment A for more information).

Attachment A

Electronic Health Records adoption within Aboriginal Community Controlled Health Organisations

Background

The Stepping Onwards Evaluation of the South Australian Aboriginal Health Partnership (SAAHP) 1997-2002 Final Report, cited key player expressions for health outcomes data using a limited set of key indicators that could be monitored down to the regional or even the local community level.

In 1997/98 enhancement by State and Commonwealth funders, through Health Service Agreements, DHS required units to specifically report on steps taken to identify and validate Aboriginal patient and employment data.

The Office of Aboriginal and Torres Strait Islander Health (OATSIH) commenced supporting community-controlled health services in 1997/98 to implement Patient Information Recall Systems (PIRS) by funding ACCHOs to establish hardware and software for the collection and maintenance of electronic health records through the Patient Information Recall System (PIRS) Program, utilising Communicare and Pen software solutions.

It was considered that a new health record system for Aboriginal and Torres Strait Islander peoples would:

- Summaries overall health status including symptoms, diseases, risk factors, health goals and care plans
- Become a client owned health information passport providing information to the health care practitioners chosen by the client.
- Broaden the basis of population level descriptions, evaluation of intervention impact and monitoring of performance indicators related to health outcomes.

A change in the focus of data and information strategies to provide sound information on primary health status was considered necessary to support approaches that strengthen the resilience of individuals, families and children and that redress the breakdown of family and community and interrupt the cycle of generational harm.

Initially funding was provided for computer hardware and software to all the Aboriginal community-controlled health services was provided twice yearly, once all had been funded and implemented a small component of funding was added to recurrent funding to support ongoing maintenance and upgrading of computer and software systems.

The PIRS program is now regarded as the primary source of health information collection that all community-controlled health services are required to undertake as part of their reporting obligations for ongoing funding.

Consequently, ACCHOs were at the forefront of adoption of electronic health records and have been doing so since the late 1990s.